Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

a. Full Name Committee to	Plett	c. ID Number
GEORGE S	LINER JR	DODULB
b. Mailing Address (include City, State a		d. Date Filed
LOS CAMBRI	102 CT	8 201 8014
HAVELOCK	NOC 20027	e. Phone Number
2 Ponort Vocal 2 P. : 184 4 P.	1837K	<u> </u>
2. Report Year 3. Period Start D	ate (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Trea	surer Full Name
1014 7-10-	-14 06-40-14 08	RESTURENT
6. Type of Committee (Check One Candidate Campaign Party	9. Type of Report (check only one type of Municipal State/County	Referendum
PAC Referen		Organizational
	undraiser Thirty-five day Quarterly	Pre-referendum
Legal Expense Fund	Pre-primary First Pre-election Second	Final Supplemental Final
7. Type of Fund (if applicable, che		Annual
Booster Fund	Semi-annual Fourth	Special
Building Fund	Mid Year Semi-annual	10.5
Other:	Year End Mid Year Final Year End	10. Special Report Name
8. Number of Fundraisers this Re		
Ø	☐ Special	
11. Account Information	11. Account Information	
a. Financial Institution Full Name	a. Financial Institution Full Nam	e
NAVY TEDDRAL CAS	DITURA	
b. Purpose c.	Account Code b. Purpose	c. Account Code
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CAMPAICP a.	Period Begin Balance	d. Period Begin Balance
CAMPAICE B	0100	d. Period Begin Balance
0.00	0100	
EXPENSES S CERTIFICATION	0100	\$
CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no	is in compliance with all applicable provisions of Article 22A of funds are commingled with prohibited or other non-disclose	, 22B & 22D-22M of Chapter 163 ed funds. I further certify that this
CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no	is in compliance with all applicable provisions of Article 22A	, 22B & 22D-22M of Chapter 163 ed funds. I further certify that this
CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no	is in compliance with all applicable provisions of Article 22A of funds are commingled with prohibited or other non-disclose	, 22B & 22D-22M of Chapter 163 ed funds. I further certify that this
EXPENSES CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct an Printed Name of Signer	is in compliance with all applicable provisions of Article 22A of funds are commingled with prohibited or other non-disclose	, 22B & 22D-22M of Chapter 163 ed funds. I further certify that this
EXPENSES CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct and COUNTY STATES AND ADDRESS AND	is in compliance with all applicable provisions of Article 22A of funds are commingled with prohibited or other non-disclosed that I have been trained by the NC State Hoard of Elections. Signature of Appointed Treasurer	\$,22B & 22D-22M of Chapter 163 ed funds. I further certify that this is.
EXPLISES CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct an Printed Name of Signer	is in compliance with all applicable provisions of Article 22A of funds are commingled with prohibited or other non-disclosed that I have been trained by the NC State Hoard of Elections. Signature of Appointed Treasurer	\$, 22B & 22D-22M of Chapter 163 ed funds. I further certify that this is. But Date Delivery Method
EXPENSES CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct an Printed Name of Signer FOR OFFICE USE ONLY Date Received:	is in compliance with all applicable provisions of Article 22A of funds are commingled with prohibited or other non-disclosured that I have been trained by the NC State Board of Elections. Signature of Appointed Treasurer 8 2014 Employee:	\$, 22B & 22D-22M of Chapter 163 ed funds. I further certify that this is. Date Delivery Method Normal Mail Registered Mail
EXPENSES CERTIFICATION I certify that the Committee or Fund it of the NC General Statutes and that no report is complete, true and correct an Printed Name of Signer FOR OFFICE USE ONLY	is in compliance with all applicable provisions of Article 22A of funds are commingled with prohibited or other non-disclosured that I have been trained by the NC State Board of Elections. Signature of Appointed Treasurer	\$ 22B & 22D-22M of Chapter 163 ed funds. I further certify that this s. Date Delivery Method Normal Mail Registered Mail Hand Delivered
EXPENSES CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct an Printed Name of Signer FOR OFFICE USE ONLY Date Received:	is in compliance with all applicable provisions of Article 22A of funds are commingled with prohibited or other non-disclosured that I have been trained by the NC State Board of Elections. Signature of Appointed Treasurer 8 2014 Employee:	\$ 22B & 22D-22M of Chapter 163 ed funds. I further certify that this s. Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
EXPLISES CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct an Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked:	is in compliance with all applicable provisions of Article 22A or funds are commingled with prohibited or other non-disclose and that I have been trained by the NC State Hoard of Elections. Signature of Appointed Treasurer 8 2014 Employee: Employee:	\$ 22B & 22D-22M of Chapter 163 ed funds. I further certify that this s. Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
EXPENSES CERTIFICATION I certify that the Committee or Fund it of the NC General Statutes and that no report is complete, true and correct an Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	is in compliance with all applicable provisions of Article 22A to funds are commingled with prohibited or other non-disclosured that I have been trained by the NC State Board of Elections. Signature of Appointed Treasurer Employee: Employee: Employee: Employee:	\$ 22B & 22D-22M of Chapter 163 ed funds. I further certify that this s. Signer has not received mandatory training 163 Chapter 163 Date 163 Date
EXPENSES CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true and correct and Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form cannot assistant tree	is in compliance with all applicable provisions of Article 22A to funds are commingled with prohibited or other non-disclosured that I have been trained by the NC State Hoard of Elections. Signature of Appointed Treasurer 8 2014 Employee: Employee: Employee:	\$ 22B & 22D-22M of Chapter 163 ed funds. I further certify that this s. Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training committee address, treasurer, rmation.

Amendment

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applic	cable) 2. Ty	oe of Report		3. ID Number		
COMMITTED TOSAT CE	LIDER	799	TR	DODULB		
Start of Election Cycle: Januar	y 1, 20	14	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start			\$ 968,8	7 s 0		
RECEIPTS						
5) Aggregated Contributions from Indivi	iduals	(CRO-1205)	\$ 9	\$ 250,00		
6) Contributions from Individuals		(CRO-1210)	\$ 250,00	0 \$ 1750,00		
7) Contributions from Political Party Co	mmittees	(CRO-1220)	\$ 7	s Ø		
8) Contributions from Other Political Co	ommittees	(CRO-1230)	\$ <i>Q</i>	\$		
9) Loan Proceeds		(CRO-1410)	\$	\$		
10) Refunds/Reimbursements To the Com	mittee	(CRO-1240)	\$	\$		
11) Other Receipt Sources			(
11a) Interest on Bank Accounts		(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profi	it Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income		(CRO-1250)	\$	s <i>O</i> ,		
11d) Legal Expense Fund – Other Sou	rces	(CRO-1270)	\$	s Q		
11 e) Exempt Purchase Price Sales		(CRO-1265)	\$	s /		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,	10, 11a, 11b, 11c, 11d ar	nd 11e)	\$ REDICA	D \$ 7,000,00		
EXPENDITURES			A LATE OF THE PARTY OF			
13) Disbursements						
13a) Operating Expenditures		(CRO-1310)	\$ 576,00	- 1		
13b) Contributions to Candidates/Polit	tical Committees	(CRO-1310)	\$ @	\$		
13c) Coordinated Party Expenditures		(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$	\$		
15) Loan Repayments		(CRO-1420)	\$	\$ 1		
16) Refunds/Reimbursements From the Co	ommittee	(CRO-1320)	\$	s Q		
17) In-Kind Contributions		(CRO-1510)	\$	\$		
18) TOTAL EXPENDITURES (Add lines 13a			\$ 576,0	5 \$ 1357.86		
19) Cash on Hand at End (Add lines 4 and 12 to	ogether, then subtract line	2 18)	\$ 642,14	+ 8 642-14		
ADDITIONAL INFORMATION	oral state was a state of the state of					
20) Non-Monetary Gifts Given to Other Co		(CRO-1330)	\$ <i>Q</i>			
21) Outstanding Loans (incl. ones from oth	her campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed By the Co	mmittee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Co	mmittee	(CRO-1620)	\$			
24) Account Transfers Within the Commit	ttee	(CRO-1720)	\$			
25) Administrative Support		(CRO-1710)	\$	\$ \$		
26) Forgiven Loans		(CRO-1440)	s (D)	\$		
27) 48-Hour Notice Reports Sum		(CRO-2200)	s (\$		
28) Contributions to be Refunded		(CRO-1215)	\$	\$		

CRO-1100

NC State Board of Elections

WUL 0 8 2014 August 2008

		rom Individu		Pg		<u>_</u>	Yes No
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used							
1. Com	mittee Full Nan	ne (and Fund if ap	olicable)			2. 1	D Number
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	ame, Mailing Addr			b. Job Title/Profe	ssion	d. C	omments
	le city, state, & zip)	-		Varia	Ch	l	
H	DGH K	RE HBL	DXT	c. Employer's Nar	me/Specific Field		
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	g. Account Couc	f	III AM ASMA Descrip	<u> </u>	3.240 (11	
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(includ	le city, state, & zip)						
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				c. Employer's Na	ne/Specific Field		
•						e. E	lection Sum to Date
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	al only this P					\$	25000
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		of Detailed Summary				-	200
CRO-12	210		NC State Boa	rd of Elections			April 2007
						UL	0 8 2014
							* F

Amendment

Disburse	ments
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Pg ____ of ___ Amendment ____ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	ull Name (and Fun	d if applicable)				2. ID Number
COMMITTES TE ELECT GEERGE SLIPSER HODULB						HODULK
3. Type of Disbu	ursement (Plea	ise use separate (CRO	0-1310 forms for each ty	pe of Disbursem	ent.)
Operating E				lates/Political Committees		ordinated Party Expenditures
4. Payee Inform	ation		A	\dd \	Remove	
	ng Address & Phone		b	. Coordinated Committee Na		d. Comments
(include city, state,	-					
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1-8	77973 37	775				\$ 550,00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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(include city, state,	0					
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(include city, state,			4			
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(475	e Jak		C.	Level Registered (Specify)		
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	,				\$	
5. Total only thi	s Page					\$ - 519,37
	CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fun			D - To Anothe	er Candidate
E - Salaries	F* - Equipment					Public Office Expenses
I - Postage	J - Penalties	K* - Offi				to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 2 of 2 Amendment No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

S. Type of Disbursement Please use superate CRO-1310 forms for each type of Disbursement.	1. Committee Full Name (and Fund if applicable) 2. ID Number								
Continue Expenses Continuation to Considiated Political Committees Concentration	CONNIT	19910	2	901	è	GENCE	Line		TODULB
4. Payee Information Add Remove	3. Type of Disb	ursement (Plea	ise use	separate	CRO	0-1310 forms for each	type of Disb	oursem	ent.)
b. Coordinated Committee Name d. Comments	Operating B	Expenses	Contr	ibutions to C	andio	dates/Political Committees		Coc	ordinated Party Expenditures
C. Level Registered (Specify) C. Level Registered (Specify) Federal County:	4. Payee Inform	nation			1	Add	Remove		
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4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) E. Account Code B. Form of Payment B. Purpose Code C. Level Registered (Specify) Gardinated Committee Name Add Comments	638-81	$\boldsymbol{\varphi}$	Z	854					· 106.09
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